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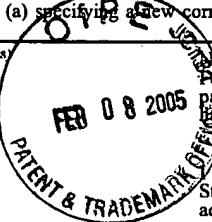
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CANTOR COLBURN LLP
55 Griffin Road Smith
Bloomfield, CT 06002

02/10/2005 MBERHE1 00000055 061130 10807853

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Patricia DiGregorio	(Depositor's name)
<i>Patricia DiGregorio</i>	(Signature)
February 3, 2005	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/807,853	03/24/2004	Poul Lundum	GRP-0065	5468

TITLE OF INVENTION: ABRADING MACHINE WITH ABRADING DISCS, WHICH ARE MOVED IN A RECIPROCATORY MOVEMENT TRANSVERSE TO AN ITEM

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	XXXX \$ 700	\$300	XXXX \$1,000	02/14/2005
EXAMINER	ART UNIT	CLASS-SUBCLAS			
OJINI, EZIAMARA ANTHONY	3723	451-490000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 CANTOR COLBURN LLP

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Slipcon Holding International ApS Denmark

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

Issue Fee
 Publication Fee (No small entity discount permitted)
 Advance Order - # of Copies 5

4b. Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 06-1130 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature Philmore H. Colburn II

Date February 3, 2005

Typed or printed name Philmore H. Colburn II

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